GENERAL INFORMATION

Providers should exhaust all authorized processing procedures before filing a claim dispute with the AHCCCS Office of Legal Assistance (OLA). It is recommended that providers do the following:

If the provider has not received a Remittance Advice identifying the status of the claim, the provider should call the AHCCCS Claims Customer Service Unit at (602) 417-7670 or 1-800-794-6862 to determine whether the claim has been received and processed.

Providers also may check on the status of a claim by visiting the AHCCCS Web site at www.ahcccs.state.az.us. Once at the Home Page, click on Links for Plans & Providers. A link on the Quick Links for Health Plans & Providers page allows providers to create an account so that they can check the status of their claims.

Providers should allow 14 days following claim submission before inquiring about a claim. However, providers should inquire well before 12 months from the date of service because of the clean claim time frame and the time frame for filing a claim dispute.

If a claim is pending in the AHCCCS claims processing system, a claim dispute will not be investigated until the claim is paid or denied. A delay in processing a claim by the AHCCCS Administration may be cause for OLA to entertain a claim dispute on a pended claim provided all claim dispute deadlines are met.

If the provider has exhausted all authorized processing procedures and still has a disputed claim, the provider has the right to file a claim dispute with the AHCCCS Office of Legal Assistance.

TIME LIMITS FOR FILING

A provider must institute any claim dispute challenging the claim denial or adjudication within 12 months from the ending date of service or, for a hospital inpatient claim, within 12 months from the date of discharge. The date of receipt by the AHCCCS Office of Legal Assistance is considered the date the claim dispute is filed.

For a retro-eligibility claim, the provider must institute any claim dispute within 12 months from the date of eligibility posting.

If the AHCCCS Claims Department takes action on a timely submitted claim fewer than 60 days before the expiration of the 12-month deadline or after the 12-month deadline has passed, the provider will be allowed 60 days from the date of the adverse action to file a claim dispute with OLA. The date of the adverse action is the status date for the claim as printed on the Remittance Advice.

TIME LIMITS FOR FILING (CONT.)

Example:

03/06/2004	Date of service
05/15/2004	Claim denied by AHCCCS
12/16/2004	Date of resubmission of denied claim
03/01/2005	Claim is denied again by AHCCCS (Payment date of 3/01/2003)
03/06/2005	12-month claim dispute /clean claim deadline
04/29/2005	Special 60-day claim dispute deadline

Because the denial of the claim was less than 60 days from the 12-month deadline, the provider is given 60 days from the date of the adverse action (03/01/2004) to file a claim dispute.

CLAIM DISPUTE PROCESS

A claim dispute must be submitted in writing. It should be mailed to:

AHCCCS Office of Legal Assistance
Mail Drop 6200
P.O. Box 25520
Phoenix, AZ 85002

The claim dispute also may be hand delivered to:

AHCCCS Office of Legal Assistance
701 E. Jefferson Street, Suite 200
Phoenix, AZ 85034

Providers also may submit a claim dispute via fax at (602) 253-9115.

The claim dispute should state in detail the factual and legal basis for the claim dispute and the relief requested (e.g., payment, specific claim denial, quick pay discount). Claim disputes lacking specificity may be denied. The provider should include any documents which support the facts of the case.

Upon receipt of a claim dispute, the Office of Legal Assistance sends a letter of acknowledgment to the provider. This letter should be retained for reference.

CLAIM DISPUTE PROCESS (CONT.)

The provider will receive a written Notice of Decision. The Notice of Decision will approve, deny, or partially approve the disputed claim.

If an informal decision is issued in writing, the provider will be advised that he or she may appeal the decision and request an evidentiary hearing. The written request must be received by OLA no later than 30 days from the date of the decision letter. If the 30th day falls on a Saturday, Sunday, or legal holiday, the claim dispute must be received no later than the next working day.

APPROVING A CLAIM DISPUTE

If OLA determines that the original claim denial was in error, the claim is forwarded from OLA directly to the AHCCCS Claims Unit for reprocessing. Providers should ***not*** resubmit the claim to AHCCCS with a copy of the Notice of Decision from OLA.

Upholding of a claim dispute does not constitute a guarantee of payment nor does it constitute a waiver of all claim filing requirements and conditions because the claim may not be payable for other reasons. Claims are subject to all routine claims processing edits and audits. If the submitted claim contains errors, omissions, or does not have the required documentation, the claim may be denied or an edit may fail, even though the claim dispute has been approved for other reasons.

If the provider disagrees with the adjudication of the claim, the provider should contact the AHCCCS Claims Customer Service Unit. The provider must reference the claim dispute number and indicate that the claim was forwarded by OLA.

HEARING PROCESS

All AHCCCS hearings are conducted by the Arizona Office of Administrative Hearings, an independent state agency. An administrative law judge from the Office of Administrative Hearings will conduct the hearing, decide the facts, apply law, and make a recommendation to the AHCCCS Administration.

When a hearing is requested, the AHCCCS Administration will notify the provider in writing of a hearing date, time, and location.

Requests and motions concerning the case must be submitted in writing to the assigned administrative law judge. All requests and motions also must be copied to any other party and the AHCCCS Administration.

HEARING PROCESS (CONT.)

Requests to reschedule a hearing must be submitted in writing to the administrative law judge. All requests to conduct hearings telephonically must be submitted in writing to the Office of Administrative Hearings.

Subpoenas must be submitted to the Office of Administrative Hearings for the assigned administrative law judge's approval. Subpoena forms and instructions for completing the forms are available from the Office of Administrative Hearings.

The administrative law judge's recommendation will be forwarded to the AHCCCS director, who will issue a director's decision. A petition for a re-hearing must be submitted within 30 days of the director's decision. The director will determine whether to amend the decision or order a re-hearing.

Office of Administrative Hearings
1400 W. Washington Street
Suite 101
Phoenix, AZ 85007
Telephone: (602) 542-9826
Fax: (602) 542-9827

DISPUTES NOT RELATED TO CLAIMS

Disputes unrelated to claims denial (e.g., enforcement of a policy, recoupment actions, or unfavorable decision by AHCCCS) must be filed in writing and received by the Office of Legal Assistance no later than 60 days after the date of the adverse action.

Any documents that support the facts of the case should be included. The dispute should state in detail the factual and legal basis, and the relief requested. Failure to do so may constitute cause for denial of the dispute.

If a Notice of Decision is issued, the provider may submit a written hearing request as described earlier. Some cases may be referred directly for a hearing.

CLAIM DISPUTE SUBMISSION SUGGESTIONS

In recent years, reimbursement for medical services has become increasingly more complex. The following are a few suggestions to help you through the claim dispute process:

- ☑ If a provider files a claim dispute concerning nonpayment but payment is made before a Notice of Decision is made, the provider should submit a letter to withdraw the dispute.
  - ✓ Once the claim is paid, if the provider is dissatisfied with reimbursement, a claim dispute may then be filed within the required time frames.
- ☑ Claim disputes for recipients enrolled in a plan on the date of service in dispute must be filed with the plan.
- ☑ If a provider believes that the AHCCCS Verification Unit provided erroneous information, the claim dispute must specify the date and approximate time the call was made to AHCCCS and include the name or operator number of the AHCCCS operator who provided the information.
  - ✓ Failure to provide the date and time of the call and the name of the AHCCCS operator may result in denial of the claim dispute.
- ☑ A copy of all evidence to be introduced at a hearing must be submitted to the Office of Legal Assistance, all interested parties, and the AHCCCS Administration no later than five days before the hearing.
- ☑ All claim disputes must be filed with specificity.
  - ✓ The request must state why the claim dispute is being filed and why the provider believes that the claim was not processed properly.
  - ✓ Failure to do so may constitute cause for denial of the claim dispute.

DISPUTE AVOIDANCE

The AHCCCS Claims Customer Service Unit will assist providers with problem resolution and resubmission of fee-for-service claims. This unit can help providers avoid the claim dispute process.

The Customer Service Unit will also research claims that the provider believes were incorrectly processed and/or paid and provide clarification and explanation. The unit also can correct certain errors over the telephone. (See Chapter 26, Correcting Claim Errors)

If the provider receives a Remittance Advice from AHCCCS and believes that a claim was denied inappropriately or paid incorrectly, the provider should contact the Customer Service Unit as soon as possible. The provider must provide the Customer Service Unit with the following:

- ☑ Provider ID number
- ☑ Recipient's AHCCCS ID number
- ☑ Date(s) of service in question
- ☑ Claim Reference Number (CRN)
- ☑ Denial reason

The Customer Service Unit will evaluate the claim data, the system processing of the claim, and all related provider and reference information and determine if the denial or payment was appropriate.

A Customer Service representative will notify the provider of the action taken and the outcome for the claim in question.

NOTE: This process does not take the place of the claim dispute procedure outlined in this chapter nor does it extend the claim dispute filing deadlines.